

**DC STATE AGENCY FOR SURPLUS PROPERTY**

2100 Adams Place, NE, 2<sup>nd</sup> Floor  
Washington, DC 20018-3627  
(202) 576-6472 FAX (202) 576-7111

**FEDERAL SURPLUS PROPERTY ASSISTANCE PROGRAM  
APPLICATION FOR ELIGIBILITY AND CERTIFICATION****1. APPLICANT INFORMATION**

a. Legal Name of Applicant		b. Federal Tax ID Number	c. Date
d. Street Address	d-1. Zip Code	e. Telephone	State Agency ID Number
f. Mailing Address	f-1. Zip Code	g. Fax Number	
h. Contact Person(s)		i. Contact Telephone	j. Email

**2. APPLICANT STATUS**

APPLICANT STATUS (Check appropriate box)

- (a) PUBLIC AGENCY ☐ District ☐ Multi-jurisdictional  
(b) PRIVATE NONPROFIT ☐ Tax exempt 501 (c) (3)

**3. PURPOSE OR TYPE OF ORGANIZATION**

- ☐ Educational ☐ Health ☐ Public Safety

Specify type \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Charter School    | <input type="checkbox"/> Older Individuals/Aging Agency |
| <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Provider of Assistance to      |
| <input type="checkbox"/> Radio/TV Station  | Impoverished Families/Individuals                       |
| <input type="checkbox"/> Library           | <input type="checkbox"/> Provider of Assistance to the  |
| <input type="checkbox"/> Museum            | Homeless  |

**4. PROGRAM OR SERVICES OFFERED**

Provide a written description of programs, services, and facilities offered. Refer to Supplementary Materials 6(b), 6(c) and 6 (d)

**5. SOURCE OF FUNDING**

- ☐ Tax-Supported ☐ Grants ☐ Contributions  
☐ Other (specify source) \_\_\_\_\_

**HEAD OF INSTITUTION OR ORGANIZATION APPROVAL**

Date	Signature
Type Name	
Type Official Title	

**6. SUPPLEMENTARY MATERIAL REQUIRED CHECKLIST**

- (a) Tax-Exempt Status  
☐ YES, have Tax-exempt § 501C3 status (attach copy)  
☐ NO, have not received Tax-exempt § 501C3 status
- (b) Program & Facility Status  
☐ Accredited ☐ Approved  
☐ Licensed  
☐ Letter of Evidence Status  
☐ Letter of Evaluation from Program Authority
- (c) Concise Description of Program Services and/or Activities  
☐ Must be attached (*bulletins/brochures may be used if the content covers needed description in short paragraph*)
- (d) Narrative and/or Description of Program and Staff  
☐ Articles of Incorporation ☐ Program/Services Offered  
☐ Enrollment/Capacity ☐ Program Hours/Days  
☐ Physical Facilities ☐ Staff and Qualifications
- (e) Educational Radio or Television Stations  
☐ Must attach Copy of FCC License
- (f) Library (If applicant is a library, include statement that it serves free all residents of a community, district, state or region)  
☐ Statement included
- (g) Museum (If applicant is a museum, include statement that it is open and attended by the public)  
☐ Statement included
- (h) Older Individuals/Aging Agency Supply funding source for specific time period. Law requires funding from one or more of the following:  
☐ Older American Act of 1965, as amended  
☐ The Social Security Act (Title IV & XX)  
☐ The Economic Opportunity Act Titles VIII & X  
☐ The Community Service Block Grant Act

**FOR DC STATE AGENCY USE**

- ☐ **Application Approved**  
Applicant conforms to all eligibility requirements as prescribed by 41 CFR 101-44.207 and the DC Plan of Operation; is hereby certified for full participation.
- ☐ **Application Disapproved**  
Comments \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Certified as: \_\_\_\_\_  
Signature \_\_\_\_\_  
Canardo M. Richardson, CPM  
Director  
DC State Agency for Surplus Property

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**FEDERAL SURPLUS PROPERTY ASSISTANCE PROGRAM  
DESIGNATED REPRESENTATIVE & AUTHORIZED SCREENER***1. APPLICANT OR DONEE INFORMATION*

**NOTE:** The Head of the Institution/Organization must sign this form. If any person other than listed below is authorized to select property at the distribution center, a letter of authorization signed by the Administrative Head must be presented at the center for each visit.

a. Legal Name of Applicant		b. Federal Tax ID Number	c. Date
d. Street Address	d-1. Zip Code WDC	e. Telephone	State Agency ID Number
f. Mailing Address	f-1. Zip Code WDC	g. Fax Number	
h. Contact Person(s)	i. Contact Telephone	j. Email	

*2. Designated Representative for Surplus Property:*

Signature:

Type Name:

Type Title:

*3. (✓) Check applicable one*

<input type="checkbox"/>	Initial authorization	<input type="checkbox"/>	Additional authorization
<input type="checkbox"/>	Supersedes all previous authorizations	<input type="checkbox"/>	Deletions (type names)

*4. Additional Persons Authorized to Select and Sign for Property*

Signature:		Signature:	
a.	Print/Type Name:	d.	Print/Type Name:
	Print/Type Title:		Print/Type Title:
Signature:		Signature:	
b.	Print/Type Name:	e.	Print/Type Name:
	Print/Type Title:		Print/Type Title:
Signature:		Signature:	
c.	Print/Type Name:	f.	Print/Type Name:
	Print/Type Title:		Print/Type Title:

*5. Head of Institution or Organization*

Signature:

Print/Type Name:

Print/Type Title: